## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

4452-622

(Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Column 1)		(Column 2)		1	TYPE [		OR			
TOTAL CLAIMS			33			·		RATE	FEE	1	RATE	FĘE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			3 3 minus 20=		-13			X\$ 9=		OR	X\$18=	234	
INDEPENDENT CLAIMS			/ mi	nus 3 =	P			X43=		OR	X86=	/.	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						,	TOTAL		OR	TOTAL	1008		
CLAIMS AS AMENDED - PART II									· · · · · · · · · · · · · · · · · · ·	J	OTHER	THAN	
		(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE		
	٠.	(Column 1)	•	40011. FEE (			ADDII. 1 EE						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		(Colun HIGHI NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	7	OR	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Į.			
								+145=		OR	+290=	•	
		•	•	, .		•		TOTAL ODIT FEE		OR	TOTAL ADDIT. FEE		
		,		•		•							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		oR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ì			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	·	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT. FEE	<u>.</u>		
		mber Previously Paid ber Previously Paid					r foui	nd in the app	ropriate box	in coli	ımn 1.	•	